

Department of Energy & Environmental Protection Bureau of Materials Management & Compliance Assurance 79 Elm Street - 4th Floor Hartford, Connecticut 06106-5127

Fax (860) 424-4059 Attn: Paula Guerrera **or**

via any ONE of the following methods

Annual Municipal Recycling Report

This report regarding municipal recycling activity for the previous fiscal year is required to be submitted by September 30th of each year to the Connecticut Department of Energy & Environmental Protection (DEEP).

Parts 1 through 5 can be completed and submitted to the CT Department of Energy & Environmental Protection

Scanned and e-mailed to paula.guerrera@ct.gov (Do not send hard copy if sending electronically); or

Land-mailed (DEEP-MMCA - Recycling Office-79 Elm Street - 4th Floor-Hartford, CT 06106-5127

Attn: Paula Guerrera or Judy Belaval) (Must be double sided and preferably on paper with a minimum 30% post-consumer content).
 PLEASE CONSERVE PAPER – Please delete unused pages. Indicate (at bottom of this page) the total
number of pages in your report.
 Call Paula Guerrera (860 424-3334) to confirm receipt of report by DEEP
 Part 6 needs to be completed electronically – Click <u>here</u> to access FY2015 Part 6 electronically or go to <u>https://www.surveymonkey.com/r/Part6FY2015</u>
Questions? Visit the CT <u>DEEP Website</u> or contact <u>Paula Guerrera</u> (see above) or <u>Judy Belaval</u> (860) 424-3237.
1. Name of City/Town
Mailing Address:
State: CT Zip Code
2. Recycling Contact: Name:
Title:
Fax #: Email:
3. Reporting Period: July 1, 20 through June 30, 20
Number of Pages in This Report:
OFFICE USE ONLY: \checkmark = Complete M = Missing I = Incomplete C = Called
Part 1aPart 1bPart 2Part 3Part 4Part5Part 6
COMMENTS

PART 1: ITEMS RECYCLED (Please report disaster debris as a separate material type) 1a: Materials Recycled

Materials Recycled from Residential Sources					
(A) (B) Recyclable Item Name/Address - First Destination for Residential Recyclables		(C) Amount	(D) Units of		
,, o	(after the municipal transfer station or municipal compost site, if applicable)	Recycled	Measure (Use drop down)		
Bottles/Cans/Paper (BCP)	Destination:				
First Destination Is a CT Parallel of CM Facility					
Permitted SW Facility Please check types of	Address:	NA	NA		
Residential BCP collected for	Check all that apply:				
recycling: Glass & Metal Containers	□Single Stream □Dual Stream □Material Collected Separately				
Plastic #1 Containers	Destination:				
Plastic #2 Containers		B I A	NI A		
Plastics #s 1-7	Address:	NA	NA		
Paper Beverage Cartons	Check all that apply:				
Newspaper Cardboard	□ Single Stream □ Dual Stream □ Material Collected Separately				
Discarded Mail	Destination:				
Grey boxboard (e.g. cereal boxes)	Address:				
Magazines					
Phone Books	Check all that apply:	NA	NA		
☐ Office Paper☐ Other:	□Single Stream □Dual Stream □Material Collected Separately				
Other:					
☐ Includes Res & NonRes					
Bottles/Cans/Paper	Destination:				
First Destination Is Not a	Address:				
CT Permitted SW Facility	Check all that apply:				
☐ Tonnage Includes Res & NonRes	☐Single Stream ☐Dual Stream ☐Material Collected Separately				
Tollinge melades hes a Normes	If unable to report tonnage – then please provide Hauler Name and				
	Contact Info: Destination:				
	Address:				
	Check all that apply: ☐Single Stream ☐Dual Stream ☐Material Collected Separately				
	If unable to report tonnage – then please provide Hauler Name and				
	Contact Info:				
Storage Batteries (vehicle	Destination:				
batteries) thru a program operated on municipal property or thru a	Address:				
municipally run or contracted	Destination:				
program	Address:				
☐Tonnage Includes Res & NonRes	riduless.				
Scrap Metal - thru a program	Destination:				
operated on municipal property or	Address:				
thru a municipally run or contracted program	Destination:				
☐ Tonnage Includes Res & NonRes					
_	Address:				
Waste Oil (gallons) thru a program operated on municipal	Destination:				
property or thru a municipally run or	Address:		Gallons		

Materials Recycled from Residential Sources					
(A) Recyclable Item	(B) Name/Address - First Destination for Residential Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure (Use drop down)		
contracted program					
☐ Includes Res & NonRes					
Used Textiles (clothing, shoes, linens etc.) thru a program operated on municipal property or thru a municipally run or contracted program Tonnage Includes Res & NonRes	Destination: Address:				
Electronics thru a program	Destination:				
operated on municipal property or thru a municipally run or contracted	Address:				
program	Destination:				
Check Types Included: Computer Monitors TVs Computers Printers Other- Specify: Other- Specify:	Address:				
☐ Tonnage Includes Res & NonRes					
NiCd Batteries thru a program operated on municipal property or thru a municipally run or contracted program	Destination: Address:				
☐ Includes Res & NonRes					
C&D Waste Recycled Specify Type:	Destination: Address:				
☐ Tonnage Includes Res & NonRes					
Incoming Leaves thru a program operated on municipal property or thru a municipally run or	Destination: Address:				
contracted program 1CY=0.25 tons	Destination: Address:				
☐ Tonnage Includes Res & NonRes					
Brush (from yard waste) thru a program operated on municipal property or thru a municipally run or contracted program 1CY(loose) = 0.15 tons Tonnage Includes Res & NonRes	Destination: Address:				
Grass Clippings thru a program	Destination:				
operated on municipal property or thru a municipally run or contracted program Tonnage Includes Res & NonRes	Address:				
Yard Waste Mix thru a program	Destination:				
operated on municipal property or thru a municipally run or contracted	Address:				
program Check Types Included: ☐ Grass; ☐ Brush;	Destination: Address:				
Leaves Tonnage Includes Res & NonRes					
Food Scraps thru a program	Destination:				
operated on municipal property or	Address:				

Materials Recycled from Residential Sources					
(A)	(B)	(C)	(D)		
Recyclable Item	Name/Address - First Destination for Residential Recyclables (after the municipal transfer station or municipal compost site, if applicable)	Amount Recycled	Units of Measure (Use drop down)		
thru a municipally run or contracted program	Destination:				
☐ Tonnage Includes Res & NonRes	Address:				
Disaster Debris Clean Wood	Destination:				
thru a program operated on					
municipal property or thru a	Address:				
municipally run or contracted	Destination:				
program Tonnage Includes Res & NonRes	Address:				
Paint thru a program operated on	Destination:				
municipal property or thru a					
municipally run or contracted	Address:				
program					
☐ Tonnage Includes Res & NonRes					
Mattresses thru a program	Destination:				
operated on municipal property or					
thru a municipally run or contracted	Address:				
program					
☐ Tonnage Includes Res & NonRes					

OTHER RECYCLABLES	(i.e. Recyclables Not Listed Above and/or Material Recycled Only from	Non-Residen	tial Sources)
(A) Recyclable Item	(B) Name/Address - First Destination for Other Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure (Use drop down)
Non-Residential Bottles/Cans/Paper (BCP) • First Destination Is a CT	Destination: Address: Check all that apply: □Single Stream □Dual Stream □Material Collected Separately	NA	NA
Permitted SW Facility <mark>□</mark>	Destination: Address: Check all that apply: □Single Stream □Dual Stream □Material Collected Separately	NA	NA
	Destination: Address: Check all that apply: □Single Stream □Dual Stream □Material Collected Separately	NA	NA
Non-Residential	Destination:		
Bottles/Cans/Paper First Destination Is Not a CT Permitted SW Facility	Address: Check all that apply: Single Stream Dual Stream Material Collected Separately If unable to report tonnage – then please provide Hauler Name and Contact Info:		
	Destination: Address: Check all that apply: Single Stream Dual Stream Material Collected Separately If unable to report tonnage – then please provide Hauler Name and Contact Info:	-	
Other Please Specify: Only Residential Only Non-Residential Includes Res & NonRes	Destination: Address:		
Other Please Specify: Only Residential	Destination: Address:		

OTHER RECYCLABLES (i.e. Recyclables Not Listed Above and/or Material Recycled Only from Non-Residential Sources)					
(A) Recyclable Item	(B) Name/Address - First Destination for Other Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure (Use drop down)		
Only Non-Residential Includes Res & NonRes					
Other Please Specify: Only Residential Only Non-Residential Includes Res & NonRes	Destination: Address:				
Other Please Specify: Only Residential Only Non-Residential Includes Res & NonRes	Destination: Address:				
Other Please Specify: Only Residential Only Non-Residential Includes Res & NonRes	Destination: Address:				
Other Please Specify: Only Residential Only Non-Residential Includes Res & NonRes	Destination: Address:				

Part 2: Grasscycling & Home Composting

If your municipality has active, ongoing grasscycling (leaving grass clippings on the lawn) and/or home composting programs, please check the appropriate boxes below. An estimate of the amount home composted/grasscycled will be added to your municipality's waste diversion tonnages.

If you have determined (through measurement or survey) the actual amount home composted and/or grasscycled, please report that annual tonnage on Part #1a and/or Part #1b (pages 2 thru 5) of this form and specify "grasscycling" and/or "home composting" in the row(s) labeled "other", and attach a brief description of how those tonnages were calculated.

Program or Activity Type	Home Composting of Yard Trimmings & Food Scraps	Grasscycling (Leaving grass clippings on the lawn)	
Land Mailings of Educational Material	This FY: Yes No Frequency of Mailings this FY:	This FY: ☐ Yes ☐ No Frequency of Mailings this FY:	
Distribution (other than mailing) of Brochures and Other Educational Material (including information on the municipal web site)	This FY: Yes No	This FY: Yes No How Distributed:	
Showing of Home Composting and/or Grasscycling Video(s) either on Local Cable Access or Other Public Media	This FY: Yes No Frequency of Showing this FY: Where Shown:	This FY: Yes No Frequency of Showing this FY: Where Shown:	
Master Composting Program	This FY: Yes No		
Workshops, Demonstrations, etc.	This FY: Yes No Description:	This FY: Yes No Description:	
Distribution or Subsidizing of Home Composting Bins, and/or Mulching Blades or Mulching Mowers for Residents	This FY: Yes No Number of Bins Distributed or Subsidized in this Reporting Fiscal Year: Month(s)/Year of Distribution:	This FY: Yes No Number of Mulching Blades or Mulching Mowers Distributed or Subsidized this Reporting Fiscal Year: Month(s)/Year of Distribution:	
Other Programs or Activities Promoting Grasscycling or Home Composting	This FY: Yes No Description:	This FY: Yes No Description:	

If you would like additional information or have questions about home composting or grasscycling, visit the DEEP composting webpage or call the DEEP Recycling Office at (860) 424-3366

Part 3: Information Regarding Collectors (Haulers) of Solid Waste (SW) and Recyclables Operating Within the Borders of the Municipality

Please list below the haulers or collectors registered in your municipality and provide their contact information- including their e-mail address: (Please duplicate this page if additional space is needed.)

Name of Hauling Company	Owner of Hauling Company	Mailing Address & E-mail Address	Contact Name	Phone Number	Did Hauler Submit FY2015 Annual Report To Your Municipality?	Other CT Municipalities in which the Collector Hauls SW &/or RECY (if more than three towns just list CT regions – e.g. NW CT; SE CT; etc.)	Types of SW &/or RECY Hauled by the Collector (e.g. MSW, C&D, Special, Landclearing, Yard Waste; Food Scrap; Recyclables,etc.) Check all that apply.	Source of SW & RECY Hauled (e.g. Residential, Non-Residential) Check all that apply.
		Mailing: E-mail:			☐ Yes ☐ No			Residential Non-Residential
		Mailing: E-mail:			☐ Yes ☐ No			Residential Non-Residential
		Mailing: E-mail:			☐ Yes ☐ No			Residential Non-Residential
		Mailing: E-mail:			☐ Yes ☐ No		□MSW; □C&D □ Yard Waste □Landclearing; □Food Scraps □Recyclables; □Special Waste □ Other – Specify-	Residential Non-Residential
		Mailing: E-mail:			☐ Yes ☐ No		□MSW; □C&D □ Yard Waste □Landclearing; □Food Scraps □Recyclables; □Special Waste □ Other – Specify-	Residential Non-Residential
		Mailing: E-mail:			☐ Yes ☐ No			Residential Non-Residential
		Mailing: E-mail:			☐ Yes ☐ No			Residential Non-Residential
		Mailing: E-mail:			☐ Yes ☐ No		MSW; □C&D □ Yard Waste □Landclearing; □Food Scraps □Recyclables; □Special Waste □ Other – Specify-	Residential Non-Residential

Attach additional sheets if needed

Please note: All collectors hauling solid waste (including recyclables) generated within the borders of your municipality are required to: (1) register annually in your municipality and (2) report annually to your municipality – CGS Sec 22a-220a(d). A link to the collector/hauler reporting form can be found at: www.ct.gov/DEEP/solidwastereporting or by clicking here:

Annual **Collector/Hauler** Reporting Form to be **submitted to the municipalities** in which the collector/hauler operates Word pdf Instructions



Part 4: Solid Waste Disposed (Please Report Disaster Debris Separately From Other Material)

Please indicate first destination(s) (landfill, resource recovery facility, or regional multi-town transfer station) where solid waste generated in your town is received for disposal.

- If first destination is your municipal transfer station list first destination after waste leaves your transfer station.
- If first destination is out-of-state, report in Column (C) tonnage delivered to that facility.
 - o If you are unable to get information regarding tonnage sent to that out-of-state facility, report information regarding the hauler who transported that waste out-of-state.

(A)	(B)	(C)
Type of Solid Waste Disposed	Name and Address of First Destination (i.e. Receiving Facility (after the municipal transfer station, if applicable)	Tons
MSW ¹ • First Destination (after the municipal transfer station, if applicable) Is a CT	Facility: Address:	NA
Permitted SW Facility	Facility : Address:	NA
Oversized MSW¹- (furniture, mattresses, carpets, etc)	Facility : Address:	NA
First Destination (after the municipal transfer station, if applicable) is a CT Permitted SW Facility	Facility: Address:	NA
MSW ¹ • First Destination (after the municipal transfer station, if applicable) Is Not a CT Permitted SW Facility	Facility: Address: If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info:	Tons:
	Facility: Address: If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info:	Tons:
Oversized MSW¹- (furniture, mattresses, carpets, etc) • First Destination (after the municipal transfer station, if applicable) Is Not a CT Permitted SW Facility	Facility: Address: If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info:	Tons:
	Facility: Address: If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info:	Tons:
CONSTRUCTION & DEMOLITION WASTE (after the municipal transfer station, if applicable)	Facility: Address:	Tons:
	Facility: Address:	Tons:
DISASTER DEBRIS (after the municipal transfer station, if applicable)	Facility: Address:	Tons:
LANDCLEARING DEBRIS (after the municipal transfer station, if applicable) (Logs & Stumps)	Facility: Address:	Tons:

(A) Type of Solid Waste Disposed	(B) Name and Address of First Destination (i.e. Receiving Facility (after the municipal transfer station, if applicable)	(C) Tons
SPECIAL WASTE ²	Facility: Address:	Tons:

¹ MSW is solid waste from residential, commercial and industrial sources; excluding hazardous, biomedical, sludge; etc.

² **SPECIAL WASTE** is any waste other than hazardous or radioactive waste which requires special handling for safe disposal such as sewage treatment, water treatment, and industrial sludges; fly ash and casting sands or slag; contaminated dredge spoils, etc.



Part 5: Certification of Data Reported

Municipality:	Reporting Period: July 1 20_	June 30, 20 _			
<u>Certification of document</u> . This document, which is required to be submitted to the Commissioner of Energy and Environmental Protection, shall be signed by the municipal CEO or a duly authorized representative of such CEO, and by the individual(s) responsible for actually preparing such document, and each such individual shall certify in writing as follows:					
"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes and any other applicable law."					
Municipal Recycling Contact Signature:					
Signature - Municipal Recycling Contact	Date				
Printed Name – Municipal Recycling Contact	E-mai	l Address			
Municipal CEO Signature:					
Signature Of Municipal CEO	Date				
Printed Name - Municipal CEO	E-mai	l Address			

Part 6: Qualitative Survey Questions re Municipal Recycling Program

- PLEASE COMPLETE FY2015 PART 6 ELECTRONICALLY ON SURVEY MONKEY- CLICK <u>HERE</u> OR HTTPS://WWW.SURVEYMONKEY.COM/R/PART6FY2015
- No Internet Access? Contact Paula Guerrera (860) 424- 3334 for a Paper Version.